

ORS Personal Care Home **POLICIES AND PROCEDURES CHECKLIST**

Facility name: _____

Survey Date: _____

County: _____

Surveyor Name: _____

Check “YES” or “NO” to determine if facility has a set of policies and procedures that are acceptable to the Department. The policies and procedures of the home can not violate Resident’s Rights or other laws or regulations.

	YES	NO	COMMENTS
1. How the home handles acts committed by staff or residents which are inconsistent with policies of the home [see Rule .06(1)]			
2. What personal services the home intends to provide [see Rule .12(1)]			
3. How the home will insure staff are trained [see Rule .14(2)]			
4. How the home handles admissions [see Rule .15 & .16]			
5. How the home ensures that it does not admit or retain residents who need more care than the home can provide [see Rule .15(2)]			
6. How the home handles refunds when a resident is transferred, discharged, or dies [see Rule .16(1)(f) & .22(2)]			
7. House rules are posted and address the following: [see Rule .16(1)(h)]			
a. Use of tobacco			
b. Use of alcohol			
c. Use of telephone			
d. Visiting hours			
e. Television, radio, and other audiovisual equipment volume			
f. Use of personal property			
8. How the home guarantees the rights of residents [see Rule .18]			
9. How the home supervises medications [see Rule .19]			

10. How the home handles, investigates, and reports accidents, injuries, and changes in a resident's condition, including death [see Rule .21 & .22] a. Changes in a resident's condition 1) Obtain needed care			
2) Notify family			
3) Investigate cause of incident/accident			
4) Maintain incident reports with copy in resident file and central file			
b. Death of a resident 1) Notify family/guardian			
2) Refund of security deposit (if any)			
11. How the home handles discharges and immediate transfers [see Rule .23 & .24]			
a) Discharge/transfers 1) 30 day notice			
2) Transfer of record (if requested)			
3) How/when money is to be refunded			
b) Immediate transfer of residents 1) Under what conditions			
2) Notify resident and representative of need to transfer			
3) Make arrangement for transfer per admission agreement			
4) Inquire as to preference of resident and resident representative for a receiving facility			
5) Inform representative of resident's choice And location of receiving facility.			

Approved: _____ **Date:** _____